



3341 WEST BEARSS AVENUE
TAMPA, FL 33618

WWW.WHOLISTICPEDS.COM

813-960-3415 PHONE
813-960-3465 FAX

OFFICE POLICIES

REGISTRATION FORMS:

Prior to scheduling an appointment with Wholistic Pediatrics, you will need to fill out a **Registration Form, Credit Card Authorization, Authorization to Email / Tele Fax** as well as a signed copy of this **Policy Form**. Please fill out these forms completely in a **LEGIBLE MANNER** (*Please print, do not fill these forms out in cursive*). In addition, we request that you forward a copy of your/your child's insurance card. Once we receive these forms either via email to: info@wholisticpeds.com or via fax (813) 960-3465, you will receive a Welcome Email inviting you to call us for an appointment.

(Initial As Read)_____

APPOINTMENTS:

Your first consultation will be scheduled between 30 – 60 minutes depending on the child's needs. You can choose to have this consultation and all follow-ups via phone or in person.

Usually consultations start on time, and rarely are they more than 30 minutes late. Due to the nature of emergencies in Pediatrics, there always is the possibility that a phone or in office consultation may start later than 30 minutes after the appointment time. We will make all efforts to contact the family if such delays are known ahead of time. Nonetheless, just as when going to any doctor's office, ample time should be allotted by the family in case we are running late.

(Initialed As Read)_____

CANCELLATION POLICY:

We adhere to a strict cancellation/no show policy. Families are responsible for notifying the office of any cancellations at least 24 hours prior to their scheduled appointment. The family is responsible for the Doctor's and Nurse's fees for any no-shows or cancellations that occur within 24 business hours of their scheduled appointment. For example, cancellations must be made by 10AM Friday for a 10AM Monday appointment. **Weekends and holidays are NOT considered business days.** The staff of Wholistic Pediatrics will attempt to fill an appointment canceled within 24 hours, but the family **will be billed for the total amount of time that could not be rescheduled.** We withhold the right to rescind the cancellation/no show fees on a case-by-case basis (as in such instances of emergencies or acts of nature).

(Initialed As Read)_____

CONSULTATION FEES:

Consultation fees are based upon the amount of time spent with the physician, prorated at \$180 per 30 minutes at 5-minute intervals. The amount of time allotted on the schedule is an approximation based upon either how much time a family requests or the physician/staff recommends. The fees that are charged will be for actual time spent with the physician, not the amount of time that the patient was scheduled for. Wholistic Pediatrics is a fee-for-service practice, does not contract with any insurances, and all fees must be paid when services are rendered.

(Initialed As Read)_____

PRESCRIPTIONS:

Please allow **72 hours** for prescriptions (either new or refills) to be called into the pharmacy. Please be observant if your child's medicine is running out or if you know you will be traveling and call us within the appropriate time period.

(Initialed As Read)_____

COMPOUNDED PRESCRIPTIONS:

Please note that the compounding pharmacies will contact you directly for billing and shipping information. Also, they have their own policies for when prescriptions will be shipped and they can explain this to you directly.

(Initialed As Read)_____

FORMS / LETTERS:

Please allow **72 hours** for completion of Travel Letters, School Forms, Camp Forms, and any other type of document that you need filled out by our staff and/or signed by the physician. If you are requesting a letter be written (for whatever reason), please email a rough draft to: info@wholisticpeds.com.

(Initialed As Read)_____

LAB RESULTS:

Per our policy, **lab results will be forwarded by email to the address that the family registered the day before the appointment** with our office. If you were delayed in sending out specimens or having blood drawn, it is your responsibility to call this office and postpone your appointment, in compliance with our cancelation policy. We receive mass emails / faxes with lab results. It is for this reason that we do not call families when results come in. It is your responsibility to schedule a follow up appointment for review of labs with the physician. If you have not received your results and the business day before the appointment is close to coming to an end, please then, feel free to call and speak with Emily, but **ONLY after having checked your email first.**

(Initialed As Read)_____

SUPPLEMENT ORDERS:

Please allow 1 – 3 business days for **processing** of supplement orders and 1 – 2 weeks for special orders. Supplements that require refrigeration will be sent special delivery to ensure the stability of the product. Otherwise we will send by ground shipping unless specifically notified by the person placing the orders.

(Initialed As Read)_____

EMAILS:

Please send **all emails** to info@wholisticpeds.com. If you are needing to send to a specific staff member, please still send to info@wholisticpeds.com and put Attn: and the staff members name in the subject line and your email will be forwarded to the appropriate person/department. Please do not email to more than one email as this can be time consuming when more than one staff member is attempting to address your concern.

(Initialed As Read)_____

CONSULTATION NOTES:

Please allow 24-48 hours to receive a copy of your Consultation Notes. If you have not received them within this time period, please call us (only after having checked your email).

(Initialed As Read)_____

SICK CHILD:

If your child is sick or experiencing a medical emergency for which an immediate response is needed, **DO NOT LEAVE A MESSAGE OR SEND AN EMAIL.** Please CALL our office and let the receptionist know of your situation. The nurse or physician will be paged. Should the nurse and/or physician be unavailable to speak with you immediately, your call will be returned within the hour.

(Initialed As Read)_____

CALLS TO THE NURSE:

Messages left for our nurse, Melissa, will be returned within 48 (business) hours. Should you not receive a call back during that time period, please call again after the 2nd day, as your message may not have been received.

(Initialed As Read)_____

CLOSED FOR LUNCH:

Please note that the office closes for lunch at 12:00PM and reopens at 1:30PM. If you need to come by for supplements of any other reason, **please do not come at that time, unless previous arrangements have been made with a staff member.**

If supplements or lab kits need to be picked up at the office at a time not associated with an office visit, please call ahead to make sure we have what you need in stock, and so we can start to prepare the order. There may be an extended wait time for people who do not call ahead, as we will first need to attend to the stream of families who were scheduled to be seen.

(Initialed As Read)_____

LOCAL & VISITING PATIENTS:

While we have attempted to set up our office more like our home, we request that families that come to our office arrive as close to the scheduled appointment time and leave when finished meeting with the physician and staff. Due to spatial constraints, at this time our office is not equipped to have multiple families spend extended time at our facility at the same time. We also ask that you please clean up after your child(ren). Please also do not permit/allow the consumption of any foods with dairy, gluten, soy, or peanuts anywhere in our office.

(Initialed As Read)_____

My signature below is an acknowledgement that I have read and fully understand the office policies listed above.

Patients Name

Parents Name

Parents Signature

Date